## North Carolina Division of Public Health Guidance: Personal Protective Equipment (PPE) in Hospital Ebola Isolation Units Donning Checklist

	Healthcare Personnel Name:				
<b>Instructions:</b> This checklist is	s to be completed by the designated site monitor for every healthc	are worker th	at accesses tl	he Ebola isolation patiem	t care area. It is
critical that each step be co	mpleted correctly and documented.				
Donning Checklist Item	Description	Step performed appropriately?		If No, or Breach identified, explain	Site Monitor Initials
1. Hydrate	Healthcare personnel should hydrate before being tasked to provide patient care.	☐ Yes	□ No		
2. Remove all personal items	All personal items and jewelry should be removed prior to donning, including cell phones and pages.	☐ Yes	□ No		
3. Pull hair up and away from face	Hair should be secured to minimized adjustments needed once PPE is on.	☐ Yes	□ No		
4. Inspect PPE	PPE materials should be verified as present and individually inspected for any visible breaches prior to donning.	☐ Yes	□ No		
5. Perform hand hygiene on bare hands	Use soap and water, EPA-approved disinfectant wipe or alcohol-based hand rub.	☐ Yes	□ No		
6. Don inner gloves	Can be standard nitrile gloves, OR have extended cuffs. These should be <i>tucked under</i> sleeves of gown or coverall.	☐ Yes	□ No		
7. Don gown or coverall	This should be single-use (disposable), large enough to not restrict movement.	☐ Yes	□ No		
8. Don boots	These should be fluid-resistant or impermeable.	☐ Yes	□ No		
9. Don N95 respirator	N95 should be fit-tested; a seal check should be performed.	☐ Yes	□ No		
10. Don surgical hood	Hood should be disposable and completely cover ears and neck to shoulders.	☐ Yes	□ No		
11. Don apron	Apron should cover full torso.	☐ Yes	□ No N/A		
12. Don outer gloves	Should have extended cuffs (~ 12") that are <i>pulled over</i> sleeves of gown or coverall.	☐ Yes	□ No		
13. Don face shield	This should be single-use (disposable) and should fully cover face.	☐ Yes	□ No		
14. Inspect PPE	Perform final inspection for any visible breaches prior to entering patient care area.	☐ Yes ☐ Breach	☐ No identified		
		(eynlain)			

☐ Yes

□ No

Use soap and water, EPA-approved disinfectant wipe or alcohol-

based hand rub.

15. Perform hand hygiene

on gloved hands

Date: \_\_\_\_/\_\_\_\_

Designated Site Monitor Name: \_\_\_\_\_\_